

Facility Name & ID Number Meadows Mennonite Retirement Community Association, Inc.

0011544 Report Period Beginning: 01/01/2012 Ending: 12/31/2012

III. STATISTICAL DATA
A. Licensure/certification level(s) of care; enter number of beds/bed days, (must agree with license). Date of change in licensed beds _____

	1	2	3	4	
	Beds at Beginning of Report Period	Licensure Level of Care	Beds at End of Report Period	Licensed Bed Days During Report Period	
1	116	Skilled (SNF)	116	42,456	1
2		Skilled Pediatric (SNF/PED)			2
3	14	Intermediate (ICF)	14	5,124	3
4		Intermediate/DD		-	4
5	29	Sheltered Care (SC)	29	10,614	5
6		ICF/DD 16 or Less		-	6
7	159	TOTALS	159	58,194	7

B. Census-For the entire report period.

	1 Level of Care	2 3 4 5 Patient Days by Level of Care and Primary Source of Payment				
		Medicaid Recipient	Private Pay	Other	Total	
8	SNF	522	3,447	3,275	7,244	8
9	SNF/PED					9
10	ICF	15,201	12,830		28,031	10
11	ICF/DD	-	-			11
12	SC	-	-			12
13	DD 16 OR LESS	-	-			13
14	TOTALS	15,723	16,277	3,275	35,275	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 0.606162147

D. How many bed-hold days during this year were paid by the Department? _____ (Do not include bed-hold days in Section B.)

E. List all services provided by your facility for non-patients. (E.g., day care, "meals on wheels", outpatient therapy)
None

F. Does the facility maintain a daily midnight census? Yes

G. Do pages 3 & 4 include expenses for services or investments not directly related to patient care?
YES NO

H. Does the BALANCE SHEET (page 17) reflect any non-care assets?
YES NO

I. On what date did you start providing long term care at this location?
Date started 1958

J. Was the facility purchased or leased after January 1, 1978?
YES Date 1958 NO

K. Was the facility certified for Medicare during the reporting year?
YES NO If YES, enter number of beds certified 116 and days of care provided 3,275

Medicare Intermediary National Government Services

IV. ACCOUNTING BASIS

ACCRUAL MODIFIED CASH* CASH*

Is your fiscal year identical to your tax year? YES NO

Tax Year: 12/31/2012 Fiscal Year: 12/31/2012
* All facilities other than governmental must report on the accrual basis.

STATE OF ILLINOIS

Page 3

Facility Name & ID Number Meadows Menonite Retirement Community A: # 0011544 Report Period Beginning: 01/01/2012 Ending: 12/31/2012

V. COST CENTER EXPENSES (throughout the report, please round to the nearest dollar)

	Operating Expenses	Costs Per General Ledger				Reclass-ification 5	Reclassified Total 6	Adjust-ments 7	Adjusted Total 8	FOR BHF USE ONLY	
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10
	A. General Services										
1	Dietary	312,004	23,799	7,349	343,152		343,152		343,152		1
2	Food Purchase		324,691		324,691		324,691	(1,687)	323,004		2
3	Housekeeping	235,679	30,939	14	266,632		266,632		266,632		3
4	Laundry	49,292	14,813		64,105		64,105		64,105		4
5	Heat and Other Utilities			190,565	190,565		190,565	(52,336)	138,229		5
6	Maintenance	206,397	24,394	198,255	429,046		429,046	(132,961)	296,085		6
7	Other (specify):*										7
8	TOTAL General Services	803,372	418,636	396,183	1,618,191		1,618,191	(186,984)	1,431,207		8
	B. Health Care and Programs										
9	Medical Director			5,400	5,400		5,400		5,400		9
10	Nursing and Medical Records	2,506,756	109,755	4,957	2,621,468	(878)	2,620,590		2,620,590		10
10a	Therapy	25,707	681	677,910	704,298		704,298		704,298		10a
11	Activities	95,168	4,698	2,655	102,521		102,521	(250)	102,271		11
12	Social Services	87,665			87,665		87,665		87,665		12
13	CNA Training					878	878		878		13
14	Program Transportation										14
15	Other (specify):*										15
16	TOTAL Health Care and Programs	2,715,296	115,134	690,922	3,521,352		3,521,352	(250)	3,521,102		16
	C. General Administration										
17	Administrative	137,959			137,959		137,959		137,959		17
18	Directors Fees										18
19	Professional Services			33,353	33,353		33,353	(1,000)	32,353		19
20	Dues, Fees, Subscriptions & Promotions			26,319	26,319	750	27,069	(14,083)	12,986		20
21	Clerical & General Office Expenses	242,327	15,149	154,857	412,333	(71,904)	340,429	(17,860)	322,569		21
22	Employee Benefits & Payroll Taxes			750,905	750,905		750,905	(38,256)	712,649		22
23	Inservice Training & Education										23
24	Travel and Seminar			13,356	13,356	(2,955)	10,401	(827)	9,574		24
25	Other Admin. Staff Transportation										25
26	Insurance-Prop.Liab.Malpractice			100,404	100,404		100,404	(20,619)	79,785		26
27	Other (specify):*										27
28	TOTAL General Administration	380,286	15,149	1,079,194	1,474,629	(74,109)	1,400,520	(92,645)	1,307,875		28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	3,898,954	548,919	2,166,299	6,614,172	(74,109)	6,540,063	(279,879)	6,260,184		29

*Attach a schedule if more than one type of cost is included on this line, or if the total exceeds \$1000.

NOTE: Include a separate schedule detailing the reclassifications made in column 5. Be sure to include a detailed explanation of each reclassification.

V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass-ification 5	Reclassified Total 6	Adjust-ments 7	Adjusted Total 8	FOR BHF USE ONLY		
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10	
30	D. Ownership											
	Depreciation			522,131	522,131		522,131	(64,425)	457,706			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			174,245	174,245		174,245	(24,574)	149,671			32
33	Real Estate Taxes			43,081	43,081		43,081	(43,081)				33
34	Rent-Facility & Grounds											34
35	Rent-Equipment & Vehicles											35
36	Other (specify):*											36
37	TOTAL Ownership			739,457	739,457		739,457	(132,080)	607,377			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		60,098	13,552	73,650		73,650		73,650			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			264,062	264,062		264,062		264,062			42
43	Other (specify):*	101,228			101,228	74,109	175,337	(175,337)				43
44	TOTAL Special Cost Centers	101,228	60,098	277,614	438,940	74,109	513,049	(175,337)	337,712			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	4,000,182	609,017	3,183,370	7,792,569		7,792,569	(587,296)	7,205,273			45

*Attach a schedule if more than one type of cost is included on this line, or if the total exceeds \$1000.

Facility Name & ID Number Meadows Mennonite Retirement Community Association, Inc # 0011544 Report Period Beginning: 01/01/2012 Ending: 12/31/2012

VI. ADJUSTMENT DETAIL

A. The expenses indicated below are non-allowable and should be adjusted out of Schedule V, pages 3 or 4 via column 7.

In column 2 below, reference the line on which the particular cost was included. (See instructions.)

	1	2	3	
NON-ALLOWABLE EXPENSES	Amount	Refer- ence	BHF USE ONLY	
1 Day Care	\$		\$	1
2 Other Care for Outpatients				2
3 Governmental Sponsored Special Programs				3
4 Non-Patient Meals	(1,096)	2.2		4
5 Telephone, TV & Radio in Resident Rooms				5
6 Rented Facility Space				6
7 Sale of Supplies to Non-Patients				7
8 Laundry for Non-Patients				8
9 Non-Straightline Depreciation	(12,615)	30.3		9
10 Interest and Other Investment Income	(24,574)	32.3		10
11 Discounts, Allowances, Rebates & Refunds				11
12 Non-Working Officer's or Owner's Salary				12
13 Sales Tax				13
14 Non-Care Related Interest				14
15 Non-Care Related Owner's Transactions				15
16 Personal Expenses (Including Transportation)				16
17 Non-Care Related Fees				17
18 Fines and Penalties				18
19 Entertainment				19
20 Contributions				20
21 Owner or Key-Man Insurance				21
22 Special Legal Fees & Legal Retainers				22
23 Malpractice Insurance for Individuals				23
24 Bad Debt				24
25 Fund Raising, Advertising and Promotional				25
26 Income Taxes and Illinois Personal Property Replacement Tax				26
27 CNA Training for Non-Employees				27
28 Yellow Page Advertising	(12,869)	20.3		28
29 Other-Attach Schedule	(536,142)			29
30 SUBTOTAL (A): (Sum of lines 1-29)	\$ (587,296)		\$	30

BHF USE ONLY						
48		49		50		51
						52

B. If there are expenses experienced by the facility which do not appear in the general ledger, they should be entered below. (See instructions.)

	1	2	
	Amount	Reference	
31 Non-Paid Workers-Attach Schedule*	\$		31
32 Donated Goods-Attach Schedule*			32
33 Amortization of Organization & Pre-Operating Expense			33
34 Adjustments for Related Organization Costs (Schedule VII)			34
35 Other- Attach Schedule			35
36 SUBTOTAL (B): (sum of lines 31-35)	\$		36
(sum of SUBTOTALS)			
37 TOTAL ADJUSTMENTS (A) and (B))	\$ (587,296)		37

*These costs are only allowable if they are necessary to meet minimum licensing standards. Attach a schedule detailing the items included on these lines.

C. Are the following expenses included in Sections A to D of pages 3 and 4? If so, they should be reclassified into Section E. Please reference the line on which they appear before reclassification. (See instructions.)

	1	2	3	4
	Yes	No	Amount	Reference
38 Medically Necessary Transport.		x	\$	38
39 Physician Care		x		39
40 Gift and Coffee Shops		x		40
41 Barber and Beauty Shops		x		41
42 Laboratory and Radiology		x		42
43 Prescription Drugs		x		43
44		x		44
45 Other-Attach Schedule		x		45
46 Other-Attach Schedule		x		46
47 TOTAL (C): (sum of lines 38-46)			\$	47

Facility Name & ID Number Meadows Mennonite Retirement Community Association, Inc. # 0011544 Report Period Beginning: 01/01/2012 Ending: 12/31/2012

VII. RELATED PARTIES

A. Enter below the names of ALL owners and related organizations (parties) as defined in the instructions. Use Page 6-Supplemental as necessary.

1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES		
Name	Ownership %	Name	City	Name	City	Type of Business

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. YES NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
1	V		\$			\$		1
2	V							2
3	V							3
4	V							4
5	V							5
6	V							6
7	V							7
8	V							8
9	V							9
10	V							10
11	V							11
12	V							12
13	V							13
14	Total		\$			\$	\$ *	14

* Total must agree with the amount recorded on line 34 of Schedule VI.

Facility Name & ID Number Meadows Mennonite Retirement Community A # 0011544 Report Period Beginning: 01/01/2012 Ending: 12/31/2012

VII. RELATED PARTIES (continued)

C. Statement of Compensation and Other Payments to Owners, Relatives and Members of Board of Directors.

NOTE: ALL owners (even those with less than 5% ownership) and their relatives who receive any type of compensation from this home must be listed on this schedule.

	1 Name	2 Title	3 Function	4 Ownership Interest	5 Compensation Received From Other Nursing Homes*	6 Average Hours Per Work Week Devoted to this Facility and % of Total Work Week		7 Compensation Included in Costs for this Reporting Period**		8 Schedule V. Line & Column Reference	
						Hours	Percent	Description	Amount		
1									\$		1
2											2
3											3
4											4
5											5
6											6
7											7
8											8
9											9
10											10
11											11
12											12
13								TOTAL	\$		13

* If the owner(s) of this facility or any other related parties listed above have received compensation from other nursing homes, attach a schedule detailing the name(s) of the home(s) as well as the amount paid. THIS AMOUNT MUST AGREE TO THE AMOUNTS CLAIMED ON THE THE OTHER NURSING HOMES' COST REPORTS.

** This must include all forms of compensation paid by related entities and allocated to Schedule V of this report (i.e., management fees).
FAILURE TO PROPERLY COMPLETE THIS SCHEDULE INDICATING ALL FORMS OF COMPENSATION RECEIVED FROM THIS HOME, ALL OTHER NURSING HOMES AND MANAGEMENT COMPANIES MAY RESULT IN THE DISALLOWANCE OF SUCH COMPENSATION.

Facility Name & ID Number Meadows Mennonite Retirement Community Association, Inc # 0011544 Report Period Beginning: 01/01/2012 Ending: 12/31/2012

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES NO

Name of Related Organization _____
 Street Address _____
 City / State / Zip Code _____
 Phone Number (____) _____
 Fax Number (____) _____

B. Show the allocation of costs below. If necessary, please attach worksheets.

1	2	3	4	5	6	7	8	9	
Schedule V Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1					\$	\$		\$	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25	TOTALS				\$	\$		\$	25

Facility Name & ID Number Meadows Mennonite Retirement Community As # 0011544 Report Period Beginning: 01/01/2012 Ending: 12/31/2012

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE

A. Interest: (Complete details must be provided for each loan - attach a separate schedule if necessary.)

	1	2	3	4	5	6		7	8	9	10
						Original	Balance				
	Name of Lender	Related**		Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense
		YES	NO								
A. Directly Facility Related											
Long-Term											
1							\$	\$			\$
2	FmHA #2		X	Mortgage	9,876	2/1996	1,782,500	1,137,103	2026	0.0500	58,342
3	FmHA #3		X	Mortgage	13,475	2/4/02	2,500,000	2,016,802	2032	0.0475	97,233
4	Heartland Bk & Trust		X	Mortgage	4,575	2/4/02	1,000,000	495,541	2032	0.0300	18,724
5					-						
Working Capital											
6					-						
7	Loyalty Loans		X	Mortgage - renew annually	-	Various	13,500		Various	.0300 - .0600	(54)
8	Residential to Health Center	X		Working Capital	-	2007	160,000	315,454	Various		
9	TOTAL Facility Related				27,926		\$ 5,456,000	\$ 3,964,900			\$ 174,245
B. Non-Facility Related*											
10											
11											
12											
13											
14	TOTAL Non-Facility Related						\$	\$			\$
15	TOTALS (line 9+line14)						\$ 5,456,000	\$ 3,964,900			\$ 174,245

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ _____ Line # _____

* Any interest expense reported in this section should be adjusted out on page 5, line 14 and, consequently, page 4, col. 7. (See instructions.)

** If there is ANY overlap in ownership between the facility and the lender, this must be indicated in column 2. (See instructions.)

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE (continued)

B. Real Estate Taxes

1. Real Estate Tax accrual used on 2011 report.		Important, please see the next worksheet, "RE Tax". The real estate tax statement and bill must accompany the cost report.		\$	1																			
2. Real Estate Taxes paid during the year: (Indicate the tax year to which this payment applies. If payment covers more than one year, detail below.)				\$	2																			
3. Under or (over) accrual (line 2 minus line 1).				\$	3																			
4. Real Estate Tax accrual used for 2012 report. (Detail and explain your calculation of this accrual on the lines below.)				\$	4																			
5. Direct costs of an appeal of tax assessments which has NOT been included in professional fees or other general operating costs on Schedule V, sections A, B or C. (Describe appeal cost below. Attach copies of invoices to support the cost and a copy of the appeal filed with the county.)				\$	5																			
6. Subtract a refund of real estate taxes. You must offset the full amount of any direct appeal costs classified as a real estate tax cost plus one-half of any remaining refund. TOTAL REFUND \$ _____ For _____ Tax Year. (Attach a copy of the real estate tax appeal board's decision.)				\$	6																			
7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.				\$	7																			
Real Estate Tax History:																								
Real Estate Tax Bill for Calendar Year:	2007	8	<table border="1"> <tr> <td colspan="3">FOR BHF USE ONLY</td> </tr> <tr> <td>13</td> <td>FROM R. E. TAX STATEMENT FOR 2011</td> <td>\$</td> <td>13</td> </tr> <tr> <td>14</td> <td>PLUS APPEAL COST FROM LINE 5</td> <td>\$</td> <td>14</td> </tr> <tr> <td>15</td> <td>LESS REFUND FROM LINE 6</td> <td>\$</td> <td>15</td> </tr> <tr> <td>16</td> <td>AMOUNT TO USE FOR RATE CALCULATION</td> <td>\$</td> <td>16</td> </tr> </table>			FOR BHF USE ONLY			13	FROM R. E. TAX STATEMENT FOR 2011	\$	13	14	PLUS APPEAL COST FROM LINE 5	\$	14	15	LESS REFUND FROM LINE 6	\$	15	16	AMOUNT TO USE FOR RATE CALCULATION	\$	16
FOR BHF USE ONLY																								
13	FROM R. E. TAX STATEMENT FOR 2011	\$				13																		
14	PLUS APPEAL COST FROM LINE 5	\$				14																		
15	LESS REFUND FROM LINE 6	\$				15																		
16	AMOUNT TO USE FOR RATE CALCULATION	\$	16																					
	2008	9																						
	2009	10																						
	2010	11																						
	2011	12																						

NOTES:

1. Please indicate a negative number by use of brackets(). Deduct any overaccrual of taxes from prior year.
2. If facility is a non-profit which pays real estate taxes, you must attach a denial of an application for real estate tax exemption unless the building is rented from a for-profit entity.
This denial must be no more than four years old at the time the cost report is filed.

IMPORTANT NOTICE

TO: Long Term Care Facilities with Real Estate Tax Rates
 RE: 2011 REAL ESTATE TAX COST DOCUMENTATION

In order to set the real estate tax portion of the capital rate, it is necessary that we obtain additional information regarding your calendar 2011 real estate tax costs, as well as copies of your original real estate tax bills for calendar 2011.

Please complete the Real Estate Tax Statement below and include it in the 2012 cost report along with a copy of your 2011 real estate tax bill.

The cost report will not be considered complete and timely filed until this statement and the corresponding real estate tax bills are filed. If you have any questions, please call the Bureau of Health Finance at (217) 782-1630.

2011 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Meadows Mennonite Retirement Community Association, Inc. COUNTY McLean

FACILITY IDPH LICENSE NUMBER 0011544

CONTACT PERSON REGARDING THIS REPORT Roger W. Hasler

TELEPHONE (309) 747-2702 FAX #: (309) 747-2944

A. Summary of Real Estate Tax Cost

Enter the tax index number and real estate tax assessed for 2011 on the lines provided below. Enter only the portion of the cost that applies to the operation of the nursing home in Column D. Real estate tax applicable to any portion of the nursing home property which is vacant, rented to other organizations, or used for purposes other than long term care must not be entered in Column D. Do not include cost for any period other than calendar year 2011.

(A) Tax Index Number	(B) Property Description	(C) Total Tax	(D) Tax Applicable to Nursing Home
1. <u> </u>	<u>24588 Church Street</u>	\$ <u> </u>	\$ <u> </u>
2. <u> </u>	<u> </u>	\$ <u> </u>	\$ <u> </u>
3. <u> </u>	<u> </u>	\$ <u> </u>	\$ <u> </u>
4. <u> </u>	<u> </u>	\$ <u> </u>	\$ <u> </u>
5. <u> </u>	<u> </u>	\$ <u> </u>	\$ <u> </u>
6. <u> </u>	<u> </u>	\$ <u> </u>	\$ <u> </u>
7. <u> </u>	<u> </u>	\$ <u> </u>	\$ <u> </u>
8. <u> </u>	<u> </u>	\$ <u> </u>	\$ <u> </u>
9. <u> </u>	<u> </u>	\$ <u> </u>	\$ <u> </u>
10. <u> </u>	<u> </u>	\$ <u> </u>	\$ <u> </u>
TOTALS		\$ <u> </u>	\$ <u> </u>

B. Real Estate Tax Cost Allocations

Does any portion of the tax bill apply to more than one nursing home, vacant property, or property which is not directly used for nursing home services? YES x NO

If YES, attach an explanation and a schedule which shows the calculation of the cost allocated to the nursing home. (Generally the real estate tax cost must be allocated to the nursing home based upon sq. ft. of space used.)

C. Tax Bills

Attach a copy of the original 2011 tax bills which were listed in Section A to this statement. Be sure to use the 2011 tax bill which is normally paid during 2012.

PLEASE NOTE: *Payment information from the Internet* or otherwise is *not considered acceptable tax bill documentation*. Facilities located in Cook County are required to provide copies of their original second installment tax bill.

Facility Name & ID Number Meadows Mennonite Retirement Community Association, Inc. # 0011544 Report Period Beginning: 01/01/2012 Ending: 12/31/2012

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 76,955 B. General Construction Type: Exterior Masonry Frame Brick, Steel, Wood Number of Stories Two

C. Does the Operating Entity? (a) Own the Facility (b) Rent from a Related Organization. (c) Rent from Completely Unrelated Organization.
 (Facilities checking (a) or (b) must complete Schedule XI. Those checking (c) may complete Schedule XI or Schedule XII-A. See instructions.)

D. Does the Operating Entity? (a) Own the Equipment (b) Rent equipment from a Related Organization. (c) Rent equipment from Completely Unrelated Organization.
 (Facilities checking (a) or (b) must complete Schedule XI-C. Those checking (c) may complete Schedule XI-C or Schedule XII-B. See instructions.)

E. List all other business entities owned by this operating entity or related to the operating entity that are located on or adjacent to this nursing home's grounds (such as, but not limited to, apartments, assisted living facilities, day training facilities, day care, independent living facilities, CNA training facilities, etc.) List entity name, type of business, square footage, and number of beds/units available (where applicable).

Meadows Mennonite Retirement Home Independent Living Housing

F. Does this cost report reflect any organization or pre-operating costs which are being amortized? YES NO
 If so, please complete the following:

1. Total Amount Incurred: _____ 2. Number of Years Over Which it is Being Amortized: _____
 3. Current Period Amortization: _____ 4. Dates Incurred: _____

Nature of Costs: _____
 (Attach a complete schedule detailing the total amount of organization and pre-operating costs.)

XI. OWNERSHIP COSTS:

	1	2	3	4	
A. Land.	Use	Square Feet	Year Acquired	Cost	
1	Facility	683,400	1920	\$ 15,065	1
2	Facility		1950	27,033	2
3	TOTALS	683,400		\$ 42,098	3

XI. OWNERSHIP COSTS (continued)

B. Building and Improvement Costs-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1	2	3	4	5	6	7	8	9		
	Bed*s	FOR BHF USE ONLY	Year Acquired	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
4			1923	1923	\$ 74,144	\$	50	\$	\$	\$ 74,144	4
5	23		1952	1952	86,314		50			86,314	5
6	25		1966	1966	225,617	3,850	50	4,512	662	212,059	6
7	94		1978	1978	2,348,846	58,721	40	58,721		2,055,037	7
8	17		1997	1997	3,898,885	101,036	40	97,472	(3,564)	1,478,103	8
	Improvement Type**										
9	Various Building Improvements		1979		78,921		20			78,921	9
10	Various Building Improvements		1980		3,362	66	20		(66)	3,362	10
11	Various Building Improvements '81-'86		1981		258,210		16			258,210	11
12	Various Building Improvements '90-'91		1991		49,156		10			49,156	12
13	Various Building Improvements		1987		3,888	150	30	130	(20)	3,312	13
14	Various Building Improvements		1988		182,020	7,952	20		(7,952)	182,020	14
15	Various Building Improvements		1989		107,129	3,656	20		(3,656)	107,129	15
16	Various Building Improvements		1992		36,879	63	10		(63)	36,879	16
17	Various Building Improvements		1993		3,505	103	10		(103)	3,505	17
18	Various Building Improvements		1994		93,480	1,280	15		(1,280)	93,480	18
19	Various Building Improvements		1995		45,902	3,219	20	2,295	(924)	39,399	19
20	Various Building Improvements		1996		244,463	6,600	20	12,223	5,623	201,696	20
21	Engineering cad & survey		1996		675		15			675	21
22	Various Building Improvements '96		1996		5,945		15			5,945	22
23	Various Building Improvements '97		1997		14,942		10			14,942	23
24	Alzheimer Unit		1997		144,484	3,612	40	3,612		54,774	24
25	Install Heating Cooling		1997		15,161	420	15	497	77	15,161	25
26	Power Server - Timeclock		1997		150	8	15	9	1	150	26
27	2 Carrier Heating & Cooling		1997		19,250	1,177	15	1,186	9	19,250	27
28	Carousel Tub		1997		12,423	691	15	695	4	12,423	28
29	Landscaping		1997		30,518	1,695	15	1,694	(1)	30,518	29
30	Curtains, Valances		1997		10,077	559	15	559		10,077	30
31	Patio Garden Landscaping		1997		12,842	713	15	717	4	12,842	31
32	Fence & Gate		1997		10,162	508	40	254	(254)	3,852	32
33	Telephone Wiring		1997		1,462	82	15	88	6	1,462	33
34	Draperies - Clark		1997		869	48	15	47	(1)	869	34
35	ASI Sign System		1997		2,547	141	15	139	(2)	2,547	35
36	Rocks for 2 Courtyards		1998		2,070	138	15	138		1,968	36

*Total beds on this schedule must agree with page 2.

See Page 12A, Line 70 for total

**Improvement type must be detailed in order for the cost report to be considered complete.

STATE OF ILLINOIS

Page 12A

Facility Name & ID Number Meadows Menonite Retirement Community Association, Inc. # 0011544 Report Period Beginning: 01/01/2012 Ending: 12/31/2012

XI. OWNERSHIP COSTS (continued)

B. Building and Improvement Costs-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation		
37	Various Building Improvements '98	1998	\$ 27,773	\$	15	\$ 607	\$ 607	\$ 27,773		37
38	Maintenance Shop	1998	909	45	20	45		632		38
39	Alarm system Phase I	1998	44,529	2,226	20	2,226		31,323		39
40	Water Tower Rehab	1998	63,699	3,185	20	3,185		46,597		40
41	Repair Roadway	1999	3,500	233	15	233		3,202		41
42	Landscaping Improvements	1999	2,259	151	15	151		2,039		42
43	Various Building Improvements '99	1999	45,240		20	1,033	1,033	45,240		43
44	Ceiling Installation	1999	1,945	130	15	130		1,723		44
45	Safety Bars in Alzheimer's Unit	1999	2,350	157	15	157		2,172		45
46	Bronze Door & Closer	1999	1,806	120	15	120		1,651		46
47	Hardware for Exisisting Doors in Alzheimer's Unit	1999	5,536	369	15	369		5,075		47
48	Alarm System	1999	7,562	504	20	378	(126)	5,168		48
49	Elevator Eye	1999	1,978	132	15	132		1,805		49
50	Fire Alarm System Materials & Labor	1999	27,650	1,383	20	1,383		18,790		50
51	New Alzheimer Unit Sign	1999	1,144	76	15	76		1,049		51
52	Station 4 Door Seal Parts & Labor	1999	1,163	78	15	78		1,021		52
53	Various Building Improvements '00	2000	75,012		10			75,012		53
54	Elevator Cylinder	2000	16,746	1,116	15	1,116		14,328		54
55	Fire Alarm System	2000	18,000	1,200	15	1,200		15,406		55
56	Premium Lawn	2000	755	50	15	50		634		56
57	Parking Lot Addition	2000	7,355	490	15	490		6,196		57
58	Water main Work	2000	2,203	110	20	110		1,376		58
59	Water Main Extension	2000	8,465	423	20	423		5,289		59
60	Various Building Improvements '01	2001	7,718		10			7,718		60
61	Phase II Bldg Renov	2002	950,000	31,667	30	31,667		340,528		61
62	Phase II Bldg Renov -K	2002	1,187,500	39,583	30	39,583		423,809		62
63	Renovation 2002	2002	80,684	2,689	30	2,689		27,229		63
64	Renovation 2002	2002	182,708	6,090	30	6,090		61,167		64
65	Pairie Control- 4FCU flow problem	2002	6,694	446	15	446		4,510		65
66	Phase II Renovation	2002	456,101	15,203	30	15,203		154,571		66
67	Garage Doors	2002	1,166	107	10	103	(4)	1,166		67
68	Roof	2002	125,025	4,168	30	4,168		42,559		68
69	Various Building Improvements '02	2002	30,440		20	1,016	1,016	30,440		69
70	TOTAL (lines 4 thru 69)		\$ 11,419,913	\$ 308,619		\$ 299,645	\$ (8,974)	\$ 6,557,379		70

**Improvement type must be detailed in order for the cost report to be considered complete.

STATE OF ILLINOIS

Page 12B

Facility Name & ID Number Meadows Mennonite Retirement Community Association, Inc. # 0011544 Report Period Beginning: 01/01/2012 Ending: 12/31/2012

XI. OWNERSHIP COSTS (continued)

B. Building and Improvement Costs-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12A, Carried Forward		\$ 11,419,913	\$ 308,619		\$ 299,645	\$ (8,974)	\$ 6,557,379	1
2	New Road	2002	3,911	261	15	261		2,640	2
3	Lift Station Eng	2002	1,860	266	20	93	(173)	956	3
4	Lift Station Eng	2002	1,674	239	20	84	(155)	857	4
5	Pump Station Eng	2002	1,169	167	20	58	(109)	587	5
6	Lift Station Eng Review	2002	720	103	20	36	(67)	361	6
7	Lift Station Eng	2002	950	136	20	48	(88)	500	7
8	Pump Station Eng	2002	1,603	229	20	80	(149)	829	8
9	Medline-Borders & Shades/ Dining Rm	2003	3,195		7			3,195	9
10	Phase II Renov Project	2003	244,941	8,165	30	8,165		79,614	10
11	Tile Specialists-Adm Bld Entry	2003	1,455		8			1,455	11
12	Tile Specialists-Adm Bldg Hallway	2003	9,350		8			9,350	12
13	Tile Specialists - Lounge Carpet	2003	2,950		8			2,950	13
14	Code Alert-Security System	2003	69,151	6,915	10	6,915		63,694	14
15	Jay's Plumbing - Hot Water Heater mixing valve	2003	2,980	298	10	298		2,703	15
16	New Lift Station	2003	97,919	4,896	20	4,896		47,350	16
17	Roof Repairs	2004	1,270	127	10	127		1,111	17
18	Electrical	2004	2,900		7			2,900	18
19	Water Heaters	2004	12,523	1,252	10	1,252		10,932	19
20	Water Softner	2004	7,398	740	10	740		6,044	20
21	Asphalt Sealcoat	2004	22,833		3			22,833	21
22	Sidewalk	2005	2,450	123	20	123		918	22
23	Shingles	2005	21,650	1,083	20	1,083		7,800	23
24	Flooring/Carpet	2005	9,999	1,250	8	1,250		9,277	24
25	Brick Repairs	2005	2,230	223	10	223		1,609	25
26	Wall covering and modification	2005	28,744	1,156	7	1,025	(131)	28,744	26
27	Fire system and sprinkler	2005	6,238	624	10	624		4,633	27
28	A/C, Duct Htrs	2005	16,952	934	10	1,695	761	12,645	28
29	Generator	2005	1,191	79	15	79		628	29
30	Cooling tower refurbishment	2006	6,142	877	7	877		5,889	30
31	Air separator & fan coil units	2006	16,162	1,616	10	1,616		11,175	31
32	Window treatments	2006	3,385	484	7	484		3,319	32
33	Iron filters	2006	2,467	247	10	247		1,661	33
34	TOTAL (lines 1 thru 33)		\$ 12,028,275	\$ 341,109		\$ 332,024	\$ (9,085)	\$ 6,906,538	34

**Improvement type must be detailed in order for the cost report to be considered complete.

STATE OF ILLINOIS

Page 12C

Facility Name & ID Number Meadows Mennonite Retirement Community Association, Inc. # 0011544 Report Period Beginning: 01/01/2012 Ending: 12/31/2012

XI. OWNERSHIP COSTS (continued)

B. Building and Improvement Costs-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1	2	3	4	5	6	7	8	9	10
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation		
1	Totals from Page 12B, Carried Forward		\$ 12,028,275	\$ 341,109		\$ 332,024	\$ (9,085)	\$ 6,906,538		1
2	Chiller compressor	2006	9,294	929	10	929		5,839		2
3	HVAC Upgrade	2007	8,430	1,204	7	1,204		7,076		3
4	Shower room remodel	2007	5,873	587	10	587		2,985		4
5	Fire wall, sprinklers, risers	2007	18,535	1,765	10	1,854	89	10,397		5
6	Water treatment filters	2007	1,339	191	7	191		1,059		6
7	Upgrade sidewalk, road, fencing	2007	21,067	1,832	20	1,053	(779)	5,906		7
8	Asphalt project	2008	1,935		3			1,935		8
9	Trees	2008	7,509	501	15	501		2,130		9
10	Sanitation lift pump and tiling	2008	8,338	385	7	1,191	806	5,789		10
11	Station 1 & 2 shower and lounge remodel	2008	16,138	1,614	10	1,614		7,380		11
12	Elevator door detector	2008	5,330	533	10	533		2,466		12
13	DBL entry door activity & dining	2008	19,373	1,292	15	1,292		5,394		13
14	Roof coating and repairs	2008	12,596	2,519	5	2,519		11,746		14
15	South and north hall carpeting	2008	14,669	1,834	8	1,834		8,717		15
16	Generator upgrade	2008	9,174	764	12	765	1	3,148		16
17	VAV system beauty shop	2008	5,708	571	10	571		2,326		17
18	St 4 humidifier	2008	9,264	926	10	926		3,760		18
19	PT heating unit	2009	4,865	487	10	487		1,929		19
20	Fire dampers and access door	2009	4,164	595	7	595		2,256		20
21	HVAC Upgrade East entry	2009	2,116	302	7	302		1,109		21
22	Drain replace chapel	2009	1,001	100	10	100		364		22
23	Heating unit st 3	2009	1,208	173	7	173		593		23
24	Slider doors west entry	2009	2,278	325	7	325		1,070		24
25	Surge suppressor main panel	2009	11,998	1,200	10	1,200		3,817		25
26	Air handling unit st 4	2009	3,100	443	7	443		1,409		26
27	St 1 & 2 lounge tear out windows, fix sag wall, install windows, windo	2009	50,856	4,616	10	5,086	470	16,275		27
28	Entrance lights and waterline valve	2009	6,754	507	10	675	168	2,145		28
29	Lounge tear out windows, fix sag wall, install windows, chiller compre	2009	17,158	2,451	7	2,451		7,373		29
30	HVAC computer and sprinkler system	2009	30,416	4,496	10	3,042	(1,454)	9,293		30
31	PT shelving	2009	1,943	278	7	278		846		31
32	Cement work st 1 & 4	2009	15,545	1,036	15	1,036		3,832		32
33	East entrance sidewalk	2009	40,545	2,703	15	2,703		8,650		33
34	TOTAL (lines 1 thru 33)		\$ 12,396,794	\$ 378,268		\$ 368,484	\$ (9,784)	\$ 7,055,552		34

**Improvement type must be detailed in order for the cost report to be considered complete.

STATE OF ILLINOIS

Facility Name & ID Number Meadows Mennonite Retirement Community Association, Inc. # 0011544 Report Period Beginning: 01/01/2012 Ending: 12/31/2012

XI. OWNERSHIP COSTS (continued)

B. Building and Improvement Costs-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1	2	3	4	5	6	7	8	9	10
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation		
1	Totals from Page 12C, Carried Forward		\$ 12,396,794	\$ 378,268		\$ 368,484	\$ (9,784)	\$ 7,055,552		1
2	Iron filters	2009	2,673	535	5	535		1,967		2
3	Dining room roof and cabinetry	2010	7,422	1,389	5	1,484	95	4,322		3
4	Carpet & electric panel - chaplain & copier rm	2010	3,110	316	15	207	(109)	466		4
5	Roof & garbage disposal kitchen	2010	43,375	3,714	15	2,892	(822)	6,259		5
6	HVAC connection upgrade, mgmt controls	2010	12,070	2,943	7	1,724	(1,219)	5,021		6
7	PT rm walls, floor, ceiling, lights	2010	3,362	480	7	480		1,201		7
8	Carpet & ext. doors - St 1 & 2; west entry	2010	5,400	643	10	540	(103)	1,084		8
9	S. parking lot blacktop	2010	39,475	2,632	15	2,632		5,999		9
10	Fire hydrant admin bldg entrance way	2010	3,404	340	10	340		879		10
11	Retaining wall - St 1 & receiving	2010	15,013	1,501	10	1,501		3,125		11
12	Sidewalk - E, entrance	2010	3,615	362	10	362		745		12
13	HVAC upgrade and chimney repair	2011	37,751	3,855	10	3,775	(80)	6,899		13
14	Wiring for generator	2011	4,250	607	7	607		1,159		14
15	3 Exterior entrance doors	2011	13,334	1,333	10	1,333		2,334		15
16	Chiller compressor	2011	7,275	2,425	3	2,425		3,295		16
17	Fireproof walls and ceilings	2011	11,663	1,666	7	1,666		1,716		17
18	Water tower riser pipe repair	2011	22,061	1,471	15	1,471		2,615		18
19	Enpanel,timeclock,generator,fireproofing, windows	2012	8,853	1,225	7	1,261	36	1,261		19
20	Activity Rm walls, floor, ceiling, lighting	2012	4,415	258	10	258		258		20
21	Wireless system wiring	2012	18,000	1,714	7	1,747	33	1,747		21
22	Lift station pump & trash screen	2012	21,866	1,479	7	1,404	(75)	1,404		22
23	Sandbed pump & water system refurbishment	2012	4,840	593	7	193	(400)	193		23
24										24
25										25
26										26
27										27
28										28
29										29
30										30
31										31
32										32
33										33
34	TOTAL (lines 1 thru 33)		\$ 12,690,021	\$ 409,749		\$ 397,321	\$ (12,428)	\$ 7,109,501		34

**Improvement type must be detailed in order for the cost report to be considered complete.

Facility Name & ID Number Meadows Mennonite Retirement Community Associati# 0011544 Report Period Beginning: 01/01/2012 Ending: 12/31/2012

XI. OWNERSHIP COSTS (continued)

C. Equipment Costs-Excluding Transportation. (See instructions.)

	Category of Equipment	1 Cost	Current Book Depreciation 2	Straight Line Depreciation 3	4 Adjustments	Component Life 5	Accumulated Depreciation 6	
71	Purchased in Prior Years	\$ 116,341	\$ 40,297	\$ 40,297		various	\$ 646,897	71
72	Current Year Purchases	138,282	12,944	12,944		various	12,944	72
73	Fully Depreciated Assets	535,883				various	535,883	73
74								74
75	TOTALS	\$ 790,506	\$ 53,241	\$ 53,241			\$ 1,195,724	75

D. Vehicle Costs. (See instructions.)*

	1 Use	Model, Make and Year 2	Year Acquired 3	4 Cost	Current Book Depreciation 5	Straight Line Depreciation 6	7 Adjustments	Life in Years 8	Accumulated Depreciation 9	
76	Grounds Maintenance	1999 Dodge D350	1999	\$ 29,024				5	\$ 29,024	76
77	Patient Transport	2004 Pontiac Montana	2004	10,609				5	10,609	77
78	Grounds Maintenance	JD 1420/Sno-way	2007	15,308	187		(187)	5	15,308	78
79	Grounds Maintenance	Other	Various	51,622	8,841	8,841		5	28,148	79
80	TOTALS			\$ 106,563	\$ 9,028	\$ 8,841	\$ (187)		\$ 83,089	80

E. Summary of Care-Related Assets

	1 Reference	2 Amount		
81	Total Historical Cost	(line 3, col.4 + line 70, col.4 + line 75, col.1 + line 80, col.4) + (Pages 12B thru 12I, if applicable)	\$ 13,629,188	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 472,018	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 459,403	83
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ (12,615)	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 8,388,314	85

F. Depreciable Non-Care Assets Included in General Ledger. (See instructions.)

	1 Description & Year Acquired	2 Cost	Current Book Depreciation 3	Accumulated Depreciation 4	
86	Residential Housing Units	\$ 1,522,804	\$ 46,479	\$ 1,020,108	86
87	Residential Vehicles	49,027		49,027	87
88	CEO House Remodeling	78,877	3,634	55,322	88
89	Land	158,040			89
90	Fellowship Center Land 2007	24,000			90
91	TOTALS	\$ 1,832,748	\$ 50,113	\$ 1,124,457	91

G. Construction-in-Progress

	Description	Cost	
92	Construction in Progress	\$ 575	92
93			93
94			94
95		\$ 575	95

* Vehicles used to transport residents to & from day training must be recorded in XI-F, not XI-D.

** This must agree with Schedule V line 30, column 8.

XII. RENTAL COSTS

A. Building and Fixed Equipment (See instructions.)

1. Name of Party Holding Lease: _____

2. Does the facility also pay real estate taxes in addition to rental amount shown below on line 7, column 4?

If NO, see instructions.

YES NO

		1 Year Constructed	2 Number of Beds	3 Original Lease Date	4 Rental Amount	5 Total Years of Lease	6 Total Years Renewal Option*	
3	Original Building:				\$			3
4	Additions							4
5								5
6								6
7	TOTAL				\$			7

10. Effective dates of current rental agreement:

Beginning _____

Ending _____

11. Rent to be paid in future years under the current rental agreement:

Fiscal Year Ending Annual Rent

12. _____ /2013 \$ _____

13. _____ /2014 \$ _____

14. _____ /2015 \$ _____

8. List separately any amortization of lease expense included on page 4, line 34.

This amount was calculated by dividing the total amount to be amortized _____
by the length of the lease _____.

9. Option to Buy: YES NO Terms: _____ *

B. Equipment-Excluding Transportation and Fixed Equipment. (See instructions.)

15. Is Movable equipment rental included in building rental?

YES NO

16. Rental Amount for movable equipment: \$ _____ Description: _____

(Attach a schedule detailing the breakdown of movable equipment)

C. Vehicle Rental (See instructions.)

	1 Use	2 Model Year and Make	3 Monthly Lease Payment	4 Rental Expense for this Period	
17			\$	\$	17
18					18
19					19
20					20
21	TOTAL		\$	\$	21

* If there is an option to buy the building, please provide complete details on attached schedule.

** This amount plus any amortization of lease expense must agree with page 4, line 34.

Facility Name & ID Number Meadows Mennonite Retirement Community Association, Inc. # 0011544 Report Period Beginning: 01/01/2012 Ending: 12/31/2012
 XIII. EXPENSES RELATING TO CERTIFIED NURSE AIDE (CNA) TRAINING PROGRAMS (See instructions.)

A. TYPE OF TRAINING PROGRAM (If CNAs are trained in another facility program, attach a schedule listing the facility name, address and cost per CNA trained in that facility.)

1. HAVE YOU TRAINED CNAs DURING THIS REPORT PERIOD? If "yes", please complete the remainder of this schedule. If "no", provide an explanation as to why this training was not necessary.	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	2. CLASSROOM PORTION: IN-HOUSE PROGRAM <input type="checkbox"/> IN OTHER FACILITY <input checked="" type="checkbox"/> COMMUNITY COLLEGE <input type="checkbox"/> HOURS PER CNA <u>80</u>	3. CLINICAL PORTION: IN-HOUSE PROGRAM <input type="checkbox"/> IN OTHER FACILITY <input checked="" type="checkbox"/> HOURS PER CNA <u>40</u>
---	--	--	---

B. EXPENSES

ALLOCATION OF COSTS (d)

		Facility			
		1	2	3	4
		Drop-outs	Completed	Contract	Total
1	Community College Tuition	\$	\$	\$	\$
2	Books and Supplies				
3	Classroom Wages (a)				
4	Clinical Wages (b)				
5	In-House Trainer Wages (c)				
6	Transportation				
7	Contractual Payments		878		878
8	CNA Competency Tests				
9	TOTALS	\$	\$ 878	\$	\$ 878
10	SUM OF line 9, col. 1 and 2 (e)	\$	878		

C. CONTRACTUAL INCOME

In the box below record the amount of income your facility received training CNAs from other facilities.

\$

D. NUMBER OF CNAs TRAINED

COMPLETED	
1. From this facility	1
2. From other facilities (f)	
DROP-OUTS	
1. From this facility	
2. From other facilities (f)	
TOTAL TRAINED	1

- (a) Include wages paid during the classroom portion of training. Do not include fringe benefits.
- (b) Include wages paid during the clinical portion of training. Do not include fringe benefits.
- (c) For in-house training programs only. Do not include fringe benefits.
- (d) Allocate based on if the CNA is from your facility or is being contracted to be trained in your facility. Drop-out costs can only be for costs incurred by your own CNAs.

- (e) The total amount of Drop-out and Completed Costs for your own CNAs must agree with Sch. V, line 13, col. 8.
- (f) Attach a schedule of the facility names and addresses of those facilities for which you trained CNAs.

XIV. SPECIAL SERVICES (Direct Cost) (See instructions.)

	Service	1 Schedule V Line & Column Reference	2 Staff		4 Outside Practitioner (other than consultant)		6 Supplies (Actual or Allocated)	7 Total Units (Column 2 + 4)	8 Total Cost (Col. 3 + 5 + 6)	
			Units of Service	Cost	5					
					Units	Cost				
1	Licensed Occupational Therapist	10a.3	hrs	\$	2,905	\$ 231,238	\$	2,905	\$ 231,238	1
2	Licensed Speech and Language Development Therapist	10a.3	hrs		1,444	111,981		1,444	111,981	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	10a.3	hrs		4,153	334,691		4,153	334,691	4
5	Physician Care	39.3	visits							5
6	Dental Care	39.3	visits							6
7	Work Related Program		hrs							7
8	Habilitation		hrs							8
9	Pharmacy	39.2	# of prescripts				56,846		56,846	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Other (specify): <u>Exceptional Care</u>	39.2								12
13	Other (specify): <u>Medical Supplies</u>	39.2					3,252		3,252	13
14	TOTAL			\$	8,502	\$ 677,910	\$ 60,098	8,502	\$ 738,008	14

NOTE: This schedule should include fees (other than consultant fees) paid to licensed practitioners. Consultant fees should be detailed on Schedule XVIII-B. Salaries of unlicensed practitioners, such as CNAs, who help with the above activities should not be listed on this schedule.

STATE OF ILLINOIS

Facility Name & ID Number Meadows Mennonite Retirement Community Association, Inc. # 0011544 Report Period Beginning: 01/01/2012 Ending: 12/31/2012
 XV. BALANCE SHEET - Unrestricted Operating Fund. As of 12/31/2012 (last day of reporting year)

This report must be completed even if financial statements are attached.

	1	2	
	Operating	After Consolidation*	
A. Current Assets			
1 Cash on Hand and in Banks	\$ 445,179	\$	1
2 Cash-Patient Deposits	11,351		2
3 Accounts & Short-Term Notes Receivable-Patients (less allowance (35,000))	1,266,178		3
4 Supply Inventory (priced at FIFO)			4
5 Short-Term Investments	41,941		5
6 Prepaid Insurance			6
7 Other Prepaid Expenses	83,550		7
8 Accounts Receivable (owners or related parties)			8
9 Other(specify):			9
10 TOTAL Current Assets (sum of lines 1 thru 9)	\$ 1,848,199	\$	10
B. Long-Term Assets			
11 Long-Term Notes Receivable			11
12 Long-Term Investments	2,790,282		12
13 Land	184,978		13
14 Buildings, at Historical Cost	8,759,273		14
15 Leasehold Improvements, at Historical Cost			15
16 Equipment, at Historical Cost	6,022,713		16
17 Accumulated Depreciation (book methods)	(8,171,429)		17
18 Deferred Charges			18
19 Organization & Pre-Operating Costs			19
20 Accumulated Amortization - Organization & Pre-Operating Costs			20
21 Restricted Funds			21
22 Other Long-Term Assets (specify):			22
23 Other(specify): Construction in Process	575		23
24 TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 9,586,392	\$	24
25 TOTAL ASSETS (sum of lines 10 and 24)	\$ 11,434,591	\$	25

	1	2	
	Operating	After Consolidation*	
C. Current Liabilities			
26 Accounts Payable	\$ 199,832	\$	26
27 Officer's Accounts Payable			27
28 Accounts Payable-Patient Deposits	11,351		28
29 Short-Term Notes Payable	11,047		29
30 Accrued Salaries Payable	182,277		30
31 Accrued Taxes Payable (excluding real estate taxes)			31
32 Accrued Real Estate Taxes(Sch.IX-B)	44,990		32
33 Accrued Interest Payable			33
34 Deferred Compensation			34
35 Federal and State Income Taxes			35
36 Other Current Liabilities(specify):			36
37 Accrued Expenses	383,272		37
38 TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 832,769	\$	38
D. Long-Term Liabilities			
39 Long-Term Notes Payable	315,454		39
40 Mortgage Payable	3,649,446		40
41 Bonds Payable			41
42 Deferred Compensation	112,228		42
43 Other Long-Term Liabilities(specify):			43
44			44
45 TOTAL Long-Term Liabilities (sum of lines 39 thru 44)	\$ 4,077,128	\$	45
46 TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 4,909,897	\$	46
47 TOTAL EQUITY(page 18, line 24)	\$ 6,524,694	\$	47
48 TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 11,434,591	\$	48

*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		I Total	
1	Balance at Beginning of Year, as Previously Reported	\$ 5,956,677	1
2	Restatements (describe):		2
3			3
4	Prior period adjustments	21,275	4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ 5,977,952	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	546,742	7
8	Aquisitions of Pooled Companies		8
9	Proceeds from Sale of Stock		9
10	Stock Options Exercised		10
11	Contributions and Grants		11
12	Expenditures for Specific Purposes		12
13	Dividends Paid or Other Distributions to Owners	()	13
14	Donated Property, Plant, and Equipment		14
15	Other (describe)		15
16	Other (describe)		16
17	TOTAL Additions (deductions) (sum of lines 7-16)	\$ 546,742	17
	B. Transfers (Itemize):		
18			18
19			19
20			20
21			21
22			22
23	TOTAL Transfers (sum of lines 18-22)	\$	23
24	BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)	\$ 6,524,694	24 *

* This must agree with page 17, line 47.

STATE OF ILLINOIS

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Facility Name & ID Number Meadows Menonite Retirement Community Associat # 0011544 Report Period Beginning: 01/01/2012 Ending: 12/31/2012

XVII. INCOME STATEMENT (attach any explanatory footnotes necessary to reconcile this schedule to Schedules V and VI.) All required classifications of revenue and expense must be provided on this form, even if financial statements are attached.

Note: This schedule should show gross revenue and expenses. Do not net revenue against expense.

I. Revenue		Amount	
A. Inpatient Care			
1	Gross Revenue -- All Levels of Care	\$ 7,297,306	1
2	Discounts and Allowances for all Levels	(1,931,131)	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 5,366,175	3
B. Ancillary Revenue			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	1,888,267	6
7	Oxygen	6,487	7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 1,894,754	8
C. Other Operating Revenue			
9	Payments for Education		9
10	Other Government Grants		10
11	CNA Training Reimbursements		11
12	Gift and Coffee Shop		12
13	Barber and Beauty Care	1,634	13
14	Non-Patient Meals	1,687	14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs	113,581	17
18	Sale of Supplies to Non-Patients	(124)	18
19	Laboratory	56,796	19
20	Radiology and X-Ray	5,190	20
21	Other Medical Services	83,297	21
22	Laundry		22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 262,061	23
D. Non-Operating Revenue			
24	Contributions	501,251	24
25	Interest and Other Investment Income***	24,574	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 525,825	26
E. Other Revenue (specify):****			
27	Settlement Income (Insurance, Legal, Etc.)		27
28	Residential Revenue	339,544	28
28a	Other Income	3,503	28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 343,047	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 8,391,862	30

II. Expenses		Amount	
A. Operating Expenses			
31	General Services	1,618,191	31
32	Health Care	3,521,352	32
33	General Administration	1,474,629	33
B. Capital Expense			
34	Ownership	739,457	34
C. Ancillary Expense			
35	Special Cost Centers	174,878	35
36	Provider Participation Fee	264,062	36
D. Other Expenses (specify):			
37	Intercompany Support	52,551	37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 7,845,120	40
41	Income before Income Taxes (line 30 minus line 40)**	546,742	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ 546,742	43

III. Net Inpatient Revenue detailed by Payer Source			
44	Medicaid - Net Inpatient Revenue	\$ 2,039,376	44
45	Private Pay - Net Inpatient Revenue	3,309,300	45
46	Medicare - Net Inpatient Revenue	17,502	46
47	Other-(specify) Rounding	(2)	47
48	Other-(specify)		48
49	TOTAL Inpatient Care Revenue (This total must agree to Line 3)	\$ 5,366,175	49

* This must agree with page 4, line 45, column 4.

** Does this agree with taxable income (loss) per Federal Income Tax Return? Yes If not, please attach a reconciliation.

*** See the instructions. If this total amount has not been offset against interest expense on Schedule V, line 32, please include a detailed explanation.

****Provide a detailed breakdown of "Other Revenue" on an attached sheet.

Facility Name & ID Number Meadows Mennonite Retirement Community Association, Inc. # 0011544 Report Period Beginning: 01/01/2012 Ending: 12/31/2012

XVIII. A. STAFFING AND SALARY COSTS (Please report each line separately.)

(This schedule must cover the entire reporting period.)

	1	2**	3	4		
	# of Hrs. Actually Worked	# of Hrs. Paid and Accrued	Reporting Period Total Salaries, Wages	Average Hourly Wage		
1	Director of Nursing	1,894	2,127	\$ 93,871	\$ 44.13	1
2	Assistant Director of Nursing	1,861	2,106	63,030	29.93	2
3	Registered Nurses	10,223	11,095	269,765	24.31	3
4	Licensed Practical Nurses	20,244	21,852	524,262	23.99	4
5	CNAs & Orderlies	105,732	111,453	1,522,857	13.66	5
6	CNA Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides	1,526	1,718	25,707	14.96	8
9	Activity Director	1,894	2,140	34,976	16.34	9
10	Activity Assistants	5,624	6,195	60,192	9.72	10
11	Social Service Workers	3,711	4,163	87,665	21.06	11
12	Dietician					12
13	Food Service Supervisor	1,977	2,080	40,102	19.28	13
14	Head Cook					14
15	Cook Helpers/Assistants	24,462	26,415	271,902	10.29	15
16	Dishwashers					16
17	Maintenance Workers	5,029	5,438	96,586	17.76	17
18	Housekeepers	18,413	21,976	235,679	10.72	18
19	Laundry	4,131	4,398	49,292	11.21	19
20	Administrator	1,870	2,120	137,959	65.08	20
21	Assistant Administrator					21
22	Other Administrative					22
23	Office Manager	1,900	2,159	100,836	46.70	23
24	Clerical	9,257	9,982	97,979	9.82	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator					29
30	Habilitation Aides (DD Homes)					30
31	Medical Records					31
32	Other Health Care(specify)					32
33	Other(specify)	1,858	2,075	32,971	15.89	33
34	TOTAL (lines 1 - 33)	221,606	239,492	\$ 3,745,631 *	\$ 15.64	34

* This total must agree with page 4, column 1, line 45.

** See instructions.

B. CONSULTANT SERVICES

	1	2	3		
	Number of Hrs. Paid & Accrued	Total Consultant Cost for Reporting Period	Schedule V Line & Column Reference		
35	Dietary Consultant	192	\$ 7,200	1.3	35
36	Medical Director	54	5,400	9.3	36
37	Medical Records Consultant	40	550	10.3	37
38	Nurse Consultant			10.3	38
39	Pharmacist Consultant	8	600	10.3	39
40	Physical Therapy Consultant			10a.3	40
41	Occupational Therapy Consultant			10a.3	41
42	Respiratory Therapy Consultant				42
43	Speech Therapy Consultant			10a.3	43
44	Activity Consultant	32	2,363	11.3	44
45	Social Service Consultant				45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)	326	\$ 16,113		49

C. CONTRACT NURSES

	1	2	3		
	Number of Hrs. Paid & Accrued	Total Contract Wages	Schedule V Line & Column Reference		
50	Registered Nurses		\$	10.3	50
51	Licensed Practical Nurses			10.3	51
52	Certified Nurse Assistants/Aides			10.3	52
53	TOTAL (lines 50 - 52)		\$		53

Facility Name & ID Number Meadows Mennonite Retirement Community Associati

0011544

Report Period Beginning: 01/01/2012

Ending: 12/31/2012

XIX. SUPPORT SCHEDULES

A. Administrative Salaries				D. Employee Benefits and Payroll Taxes			F. Dues, Fees, Subscriptions and Promotions		
Name	Function	Ownership %	Amount	Description	Amount	Description	Amount		
Robert O. Bertsche	Administrator/CEO	-0-	137,959	Workers' Compensation Insurance	88,485	IDPH License Fee	14,995		
				Unemployment Compensation Insurance	287,216	Advertising: Employee Recruitment	677		
				FICA Taxes	254,639	Health Care Worker Background Check (Indicate # of checks performed <u>24</u>)	74		
				Employee Health Insurance		Patient Background Checks	7,520		
				Employee Meals		Life Services Network of IL	2,609		
				Illinois Municipal Retirement Fund (IMRF)*		AASHA	180		
				403b Retirement Plan	85,624	Dues & Licenses	348		
				Sick Pay	2,499	Subscriptions			
				Life Insurance	14,740				
TOTAL (agree to Schedule V, line 17, col. 1) (List each licensed administrator separately.)			\$ 137,959	Employee Appreciation	14,825	Less: Public Relations Expense	()		
B. Administrative - Other				Non-Care Offset & Rounding	(38,255)	Non-allowable advertising	(1,214)		
Description			Amount	Disability Insurance	2,876	Yellow page advertising	(12,869)		
			\$	TOTAL (agree to Sch. V, line 20, col. 8)			\$ 12,986		
				TOTAL (agree to Schedule V, line 22, col.8)			\$ 712,649		
TOTAL (agree to Schedule V, line 17, col. 3) (Attach a copy of any management service agreement)				E. Schedule of Non-Cash Compensation Paid to Owners or Employees			G. Schedule of Travel and Seminar**		
C. Professional Services				Description	Line #	Amount	Description	Amount	
Vendor/Payee	Type		Amount			\$			
Robert Rein, CPA	Consulting		5,414				Out-of-State Travel	(827)	
Alliance Benefit Group	§125 Admin		860						
Phillips,Salmi & Associates	Accounting		24,000				In-State Travel	3,803	
Nyhart	§125 Admin		480						
Hartweg, Turner, Wood, Simki	Legal		1,000				Seminar Expense	6,598	
Heritage Enterprises	Legal		599						
Reclassification & Adjustment			1,000				Entertainment Expense	()	
TOTAL (agree to Schedule V, line 19, column 3) (If total legal fees exceed \$5,000, attach copy of invoices.)			\$ 33,353	TOTAL			\$	TOTAL (agree to Sch. V, line 24, col. 8)	\$ 9,574

* Attach copy of IMRF notifications

**See instructions.

XIX-H. SUPPORT SCHEDULE - DEFERRED MAINTENANCE COSTS (which have been included in Sch. V, line 6, col. 3).
(See instructions.)

1	2	3	4	5	6	7	8	9	10	11	12	13
Improvement Type	Month & Year Improvement Was Made	Total Cost	Useful Life	FY2007	FY2008	FY2009	FY2010	FY2011	FY2012	FY2013	FY2014	FY2015
1		\$		\$	\$	\$	\$	\$	\$	\$	\$	\$
2												
3												
4												
5												
6												
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11												
12												
13												
14												
15												
16												
17												
18												
19												
20	TOTALS	\$		\$	\$	\$	\$	\$	\$	\$	\$	\$

Facility Name & ID Number Meadows Mennonite Retirement Community Association, Inc.

0011544

Report Period Beginning: 01/01/2012

Ending: 12/31/2012

XX. GENERAL INFORMATION:

- (1) Are nursing employees (RN,LPN,NA) represented by a union? No
- (2) Are there any dues to nursing home associations included on the cost report? Yes
If YES, give association name and amount. Life Services Network of IL 7,520
- (3) Did the nursing home make political contributions or payments to a political action organization? No If YES, have these costs been properly adjusted out of the cost report? _____
- (4) Does the bed capacity of the building differ from the number of beds licensed at the end of the fiscal year? No If YES, what is the capacity? _____
- (5) Have you properly capitalized all major repairs and equipment purchases? Yes
What was the average life used for new equipment added during this period? 6
- (6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. \$ 38,386 Line 10.2
- (7) Have all costs reported on this form been determined using accounting procedures consistent with prior reports? Yes If NO, attach a complete explanation.
- (8) Are you presently operating under a sale and leaseback arrangement? No
If YES, give effective date of lease. _____
- (9) Are you presently operating under a sublease agreement? YES x NO
- (10) Was this home previously operated by a related party (as is defined in the instructions for Schedule VII)? YES _____ NO x If YES, please indicate name of the facility, IDPH license number of this related party and the date the present owners took over.

- (11) Indicate the amount of the Provider Participation Fees paid and accrued to the Department during this cost report period. \$ 264,062
This amount is to be recorded on line 42 of Schedule V.
- (12) Are there any salary costs which have been allocated to more than one line on Schedule V for an individual employee? Yes If YES, attach an explanation of the allocation.
Hskpng & Laundry split on time spent.
- (13) Have costs for all supplies and services which are of the type that can be billed to the Department, in addition to the daily rate, been properly classified in the Ancillary Section of Schedule V? Yes
- (14) Is a portion of the building used for any function other than long term care services for the patient census listed on page 2, Section B? No For example, is a portion of the building used for rental, a pharmacy, day care, etc.) If YES, attach a schedule which explains how all related costs were allocated to these functions.
- (15) Indicate the cost of employee meals that has been reclassified to employee benefits on Schedule V. \$ _____ Has any meal income been offset against related costs? Yes Indicate the amount. \$ 1,096
- (16) Travel and Transportation
a. Are there costs included for out-of-state travel? No
If YES, attach a complete explanation.
b. Do you have a separate contract with the Department to provide medical transportation for residents? No If YES, please indicate the amount of income earned from such a program during this reporting period. \$ _____
c. What percent of all travel expense relates to transportation of nurses and patients? 100%
d. Have vehicle usage logs been maintained? Yes
e. Are all vehicles stored at the nursing home during the night and all other times when not in use? Yes
f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report? N/A
g. Does the facility transport residents to and from day training? No
Indicate the amount of income earned from providing such transportation during this reporting period. \$ _____
- (17) Has an audit been performed by an independent certified public accounting firm? Yes
Firm Name: Phillips, Salmi & Associates, LLC
- (18) Have all costs which do not relate to the provision of long term care been adjusted out of Schedule V? Yes
- (19) If total legal fees are in excess of \$5,000, have legal invoices and a summary of services performed been attached to this cost report? Yes
Attach invoices and a summary of services for all architect and appraisal fees.